

**SUBSTANCE ABUSE  
SCREENING REFERRAL FORM**

Date \_\_\_\_\_

DSS Office \_\_\_\_\_ MA No. \_\_\_\_\_

Head of Household \_\_\_\_\_ AU No. \_\_\_\_\_

Applicant/Recipient Name \_\_\_\_\_ SS No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ **Felony Drug Conviction: Yes\_\_ No\_\_**  
(drug kingpin or volume dealer convictions only\*)

DOB \_\_\_\_\_ MCO (if applicable) \_\_\_\_\_

LDSS Case Manager \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

---

**Addiction Specialist Completes**

1. ☐ Customer failed to appear for screening.
2. ☐ Customer refused to be screened and/or assessed.
3. ☐ Customer's screen was negative.
4. ☐ Customer failed to sign 1176 when substance abuse screen was positive.
5. ☐ Customer's screen was positive. (Forward Independence Plan to Addiction Specialist)
6. ☐ Customer acknowledged a substance abuse problem. (Forward Independence Plan to Addiction Specialist)
7. ☐ Customer referred for assessment/treatment to: \_\_\_\_\_ on \_\_\_\_\_  
(Name of Provider) (Date)
8. ☐ Customer failed to appear for referred assessment/treatment by \_\_\_\_\_  
(Date)
9. ☐ Customer currently in treatment at \_\_\_\_\_

Verified by \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(Contact person at provider) (Telephone No.) (Date)

10. ☐ Service Referral made on \_\_\_\_\_  
(Date)

11. ☐ Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Definitions of drug kingpin and volume dealer:**

- **Drug kingpin** – an organizer, supervisor, financier, or manager who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State a controlled dangerous substance
- **Volume dealer** - An individual, who manufactures, distributes, dispenses or possesses certain quantities of a controlled dangerous substance

12. ☐ Referred for drug testing/assessment to \_\_\_\_\_ on \_\_\_\_\_  
(Name of Provider) (Date)

13. ☐ Results ☐ Positive ☐ Negative \_\_\_\_\_ ☐ No Show  
(Date)

**Addiction Specialist:** \_\_\_\_\_ **Telephone No.** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

DHS/FIA 1177 (Revised 10/2017) Previous editions obsolete.